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FACSIMILE COVER SHEET

April 16, 2003

Receiver: Examiner F. Zeender**TEL #:** (703) 308-8351**FAX #:** (703) 308-3691**Sender:** Michael Lee, Esq.

Re: U.S. Patent Application No. 09/594,213
"Multi-Vendor Internet Commerce System for E-Commerce Applications and
Methods Therefor"
File Date: June 14, 2000
Atty. Dkt. No. CCTYP001

Pages Including Cover Sheet(s): 11

MESSAGE:**FAX RECEIVED**

APR 23 2003

GROUP 3600**OFFICIAL****CONFIDENTIALITY NOTE**

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: LORENZEN et al.

Attorney Docket No.: CCTYP001

Application No.: 09/594,213

Examiner: ZEENDER, Florian M.

Filed: June 14, 2000

Group: 3627

Title: MULTI-VENDOR INTERNET
COMMERCE SYSTEM FOR E-COMMERCE
APPLICATIONS AND METHODS THEREFOR

OFFICIAL**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office on April 16, 2003.

Signed: Sue Funchess

Sue Funchess

AMENDMENT B TRANSMITTAL**FAX RECEIVED**

Commissioner for Patents
Washington, D.C. 20231

APR 23 2003

GROUP 3600

Sir:

Transmitted herewith is an Amendment in the above-identified application.
The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	18	MINUS	20	0	x 9 = \$-0-	x 18 =
Independent Claims	3	MINUS	3	0	x 42 = \$-0-	x 84 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$-0-	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. CCTYP001).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. CCTYP001).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP



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